



Cancellation of Life Insurance Policy

Policy Number: _____ Life or Lives Insured: _____

A Please cancel my policy

Mail cheque for the balance of the Surrender Value or any refund of premium to:

Policy Owner (default if you don't specify) Advisor A third party (please specify name and address): _____

<input type="checkbox"/> Apply the Surrender Value as premium to RBC Insurance® policy number:	\$
<input type="checkbox"/> Pay down the existing loan balance of RBC Insurance policy number:	\$

If the owner of the policy to be cancelled is not the owner of the policy to which the Surrender Value will be applied, the owner of the latter policy must complete a Source of Funds Declaration and submit with this request.

B Policy owner's residency for income tax purposes

Name of policy owner(s)	Country of residence for income tax purposes
1. _____	<input type="checkbox"/> Canada or <input type="checkbox"/> Specify: _____
2. _____	<input type="checkbox"/> Canada or <input type="checkbox"/> Specify: _____

C I agree to the cancellation of coverage requested in this form

If my request for cancellation is due to a temporary financial hardship, I understand that...

I may be able to retain my insurance coverage by considering one or a combination of the following alternatives, if they are applicable to my policy. My advisor can provide me with more information about these alternatives:

- > I could reduce the amount of my premium payments by requesting a reduction in the amount of my coverage.
- > I could pay smaller amounts of premium more frequently by changing my premium payment frequency.
- > I could request a policy loan or a premium loan, if they are offered with my policy.

Once my policy is cancelled, I understand that...

Insurance coverage will no longer be provided under this policy and reinstatement will not be available.

If the policy has a collateral assignee, the Surrender Value will be payable to the assignee and the policy owner.

Any amount transferred or withdrawn from a Guaranteed Interest Option before the end of its term may be subject to a Market Value Adjustment and any applicable surrender charges. The Surrender Value of my policy will also be reduced by any existing indebtedness.

All or part of any amount surrendered from my policy may be taxable. RBC Life Insurance Company will advise of any amount I am required to add to my income for tax purposes. When applicable, I authorize the Company to withhold and remit to Canada Revenue Agency (CRA) any required non-resident tax on my behalf.

RBC Life Insurance Company will process my request to cancel the policy for its Surrender Value within ten business days of the day this request is received, and will calculate the Surrender Value effective on the day this request is processed. **Faxes are acceptable, except in Quebec where originals are required.**

Any corrections to this form must be initialed by all signing parties. If signing on behalf of a corporation, please have a signing officer with authority to bind the corporation sign or provide corporate seal.

_____	Policy Owner's name (please print)
_____	Policy Owner's signature
_____	Joint Owner's name, if applicable (please print)
_____	Joint Owner's signature
_____	Relationship of Joint Owners, if applicable
_____	Collateral Assignee's name and signature, if applicable
_____	Irrevocable Beneficiary's name and signature, if applicable

Submit by FAX at 905-813-4816 or 1-888-881-7712 (not available in Quebec)
Submit by MAIL to RBC Life Insurance Company, Client Services, P.O. Box 515, Station A, Mississauga ON L5A 4M3